L3: Entry 1 of 7 File: USPT Jan 11, 2000

DOCUMENT-IDENTIFIER: US 6014632 A
**** See image for Certificate of Correction ****
TITLE: Apparatus and method for determining insurance benefit amounts based on groupings of long-term care patients with common characteristics

Brief Summary Text (8):
Second, beginning in October 1983, in response to rapidly rising hospital costs, Medicare began to reimburse hospitals using a prospective payment system based on Diagnosis Related Groups (DRGs). Before this change, seniors covered by Medicare remained hospitalized until, in most cases, they required only minimal assistance after discharge; this provided hospitals with a very strong financial incentive to keep patients hospitalized for as long as possible. But under the prospective payment system, each patient was assigned to one of 472 different DRGs, each of which had a specific dollar amount allotted to it. The dollar amount was based on the relative severity of the medical condition for the average patient. Except in extraordinary cases, Medicare paid the hospital that dollar amount for the patient's treatment, regardless of the severity of the patient's actual medical condition. In most cases, if the patient remained hospitalized too long, the hospital spent more for the patient's care than it received from Medicare.

Brief Summary Text (17):
Excessive benefit amounts for nursing home care and often inadequate benefit amounts for home health care encourage some families to put stereotypical patients into nursing homes prematurely (sometimes referred to as "patient dumping"), thereby relieving the families of some of their own financial and emotional burdens. Excessive benefit amounts also encourage some nursing homes to discriminate against higher-cost recovering patients by denying them admittance, preferring instead to admit lower-cost custodial care patients, especially those covered by private insurance, thereby facilitating patient-dumping.

Brief Summary Text (18):
Because of Medicare's and Medicaid's continuing budget constraints, long-term care providers usually operate under constant financial pressures. All too often, cash-strapped nursing homes and unethical home health care providers perform additional unneeded, low-cost, but high-profit services in order to increase their billings up to the maximum benefit amount available to a patient. Some insurance companies attempt to discourage this billing abuse by paying only actual expenses, up to maximum benefit amount limits. However, preventing billing abuse means that they must hire more experienced and more expensive claims personnel to investigate claims much more thoroughly. Thus, savings arising from the prevention of billing abuse can easily be spent on higher claims administration expenses.

Brief Summary Text (19):
One of Medicare's key requirements for skilled nursing facility (i.e., a kind of nursing home) benefits is that a patient must be confined to a hospital for at least 3 days prior to going into a nursing home. Because of continuing cutbacks in Medicare, an ever-increasing number of patients are being discharged before meeting that requirement even though they require skilled medical care to recover. For example, many seniors who undergo major joint reconstructive surgery, including total hip and knee replacements, are being discharged after only two days even

though they still need skilled medical care such as nurses to change bandages and give shots of antibiotics to prevent infection, physical therapists, etc. If they want to recover at home, they also need assistance with bathing, dressing, meal preparation, laundry, housekeeping and other daily chores.

Detailed Description Text (44):
RUGs and other patient-categorizing models were developed to help the federal and state governments in their efforts to control costs while, at the same time, providing better care for nursing home patients under the Medicare and Medicaid programs. Prior to the development of RUGs, most states reimbursed nursing homes for the actual cost of providing care to Medicaid patients, up to a maximum daily limit per patient. This approach encouraged many cash-strapped nursing homes to fill their beds with the least expensive types of patients, i.e., the stereotypical patients who required only low-cost maintenance and custodial care, and then perform additional low-cost but high-profit services in order to bill the government at the maximum daily reimbursement limit. Thus, nursing homes had a strong disincentive to admit patients who required higher-intensity care.

Detailed Description Text (45):
Versions of RUG-II were introduced in the mid-1980s, largely as demonstration projects, in several states with the goals of matching Medicaid payments with intensity of nursing home care, assuring placement of patients in the appropriate level of care and encouraging restorative care. All of the goals were achieved. Based on the knowledge gained, the RUGs concept was improved and reintroduced in 1990 as RUG-III in an ongoing multi-state demonstration project for Medicaid nursing home patients, and has been modified by HCFA for a demonstration project for Medicare's skilled nursing facility patients.

Previous Doc Next Doc Go to Doc#

L4: Entry 1 of 1 File: USPT Mar 3, 1998

DOCUMENT-IDENTIFIER: US 5722418 A
TITLE: Method for mediating social and behavioral processes in medicine and business through an interactive telecommunications guidance system

Brief Summary Text (19):
In research literature on social power and influence, the degree to which patients comply with the recommendations of health care practitioners has often been seen as directly related to the physicians' use of referent, reward and coercive powers. Generally, medical recommendations are mentally internalized by patients based upon the regard in which they hold the caregiver and the continuation of some form of positive reward or reinforcer. However, in modern medical practice, physicians have shown that they generally lack the time, inclination or financial incentives for the continuing monitoring of a patient's behavior and compliance with the prescribed regime.

Brief Summary Text (118):
By mobilizing patients to accept responsibility for their own health through behavioral guidance in preventive health programs and to comply with medical prescriptions in the dispensing and taking of medicines, large savings can thereby be realized, contributing to national goals of medical cost containment. The aging of the population necessitates greater health care expenditures which in turn are aggravated by the possibility of older individuals having one or more chronic diseases wherein non-compliance with medical regimens can become financially costly, dangerous and even life-threatening. Likewise, large savings can accrue by keeping employees motivated and focused on assigned goals.

Detailed Description Text (48):
Phase two consists of providing continuing motivation and encouragement to embark on the needed course of action. This phase is synchronized to the preparation 106 and action stages 108 of the transtheoretical model 100, described more fully below. In addition, during this phase two, the physician or expert 200 can utilize the rapport developed during phase one to prepare the patient or client 50 to realistically expect difficulties and problems that may lie ahead. This procedure is called behavioral rehearsal or stress inoculation. The principle underlying stress inoculation is that it enable individuals to cope more adequately with short-term loss before long-term gains are attained. This behavioral rehearsal is used in conjunction with providing preparatory information. Preplanning, role playing and imagery are variously used in behavioral rehearsal.

Detailed Description Text (67):
By integrating the processes and stages of change as outlined by Prochaska et al., to create a multifaceted and multidimensional treatment system, this system tailors particular behavioral interventions accompanied by facts of the subject invention and its embodiments to patients in a customized manner consistent with the stage they are in within each cycle and stage within the aforesaid spiral process as shown in FIG. 3. For example, during the contemplation stage 104, individuals are most open to consciousness-raising techniques and are more likely to use bibliotherapy and other feedback and reinforcement educational techniques. During

the action stage 108 patients need help with behavioral processes such as counter-conditioning and stimulus control to prevent relapse. During the maintenance stage 110, there is a continued emphasis on coping skills as well as a focus on improving self-efficacy levels. In some cases, the same intervention or technique may be used across several different stages of change, but with varying degrees of intensity and/or frequency. There are numerous research studies which support the notion that matching therapy programs and processes to the patient's stage of change 100, as conceptualized by Prochaska et al., will better serve the majority of patients.

Detailed Description Text (97):
Moreover, the unique combination of computers and telecommunication devices permits the packaging a wide range of behavioral content which can be simultaneously integrated in order to provide more rigid monitoring of compliance with medical regimens. This singular feature is of importance because the prevention and management of various issues of chronic disease often require the management of interrelated issues. For instance, in the area of weight loss, nutrition, exercise, stress management, and other factors all relate to the primary issue of weight loss. A treatment plan which integrates interrelated issues and topics, strategies as is facilitated by the subject invention engages the patient or client 50 and provides a more comprehensive and engaging regimen.

Detailed Description Text (161):
A further elaboration herein on the technique of review as applied through the subject invention is the review of the performance of relevant other individuals who historically confronted similar circumstances as to the client 50 or patient. In order that the client patient could view his circumstances in a new light models of historical relevance would be evoked and described as they passed successfully through similar circumstances. By recalling the patient's or client's 50 own past oriented performance and placing it in a historical context using the models of other known and unknown historical or unique figures in relevant or similar circumstances, the client, employee 50 or patient is thus enabled to gain new relevant progressive insights into his circumstance and to positively adapt accordingly in a progressive manner.

Detailed Description Text (173):
The subject invention fosters comprehension, crystallization into memory and integration of behavior by its ability to direct the patient, employee or client 50 to make predictions about his own behavior, formulate questions about the next steps he should take, summarize his progress, and clarify difficulties in his performance. His acquisition and use of these skills through the subject invention thus improve his insights and behavior. An object of using the subject invention in cognitive apprenticeship is to encourage the client, employee 50 or patient to undertake three activities: articulation, reflection, and employee exploration. Through the use of the subject invention the client, employee 50 or patient can speak aloud for recording his summary of his progress, and predict his progress towards his goals, and ask relevant questions. The verbalizing aloud of his current cognitive state through the subject invention allows him to integrate, synthesize and link behavioral insights thus gained into memory. By reflecting on and evaluating his progress through the subject invention, he thus develops new insights, and the awareness to modify his or her own problem solving or decision making processes. Reflection involves complex processes: since it is known that confrontation by a physician, manager, administrator or counselor 200 is not necessarily an effective means of instruction. Self-perceived conflicts cognitively obtained through reflection through the use of the subject invention increase effectiveness in promoting behavioral learning. Exploration refers to the pursuing of new goals. By verbally articulating new goals through the medium of the subject invention the patient, employee or client 50 is thus able to display his own mental model to the physician, manager or counselor 200. The unique advantage in this process is that he is less self-conscious in displaying his new goals through the use of the subject invention than he would be in the physical presence of the

physician, manager or counselor 200.

Detailed Description Text (180):
Another preferred embodiment is in the treatment of acute and chronic pain. The subject invention can provide psychological support in the natural environment of the patient or client 50 following surgery or trauma in addition to utilizing support by the physician or counselor 200 to reduce anxiety and depression which accompany pain. Relaxation training is a powerful treatment for increasing pain tolerance in many situations. For example, patients of clients 50 can be instructed through the subject invention in breathing and relaxation prior to their first attempt to get out of bed after surgery. Support delivered by the physician or counselor 200 through the subject invention by reducing anxiety can increase the patient's or client's sense of control. By increasing the sense of control patients or clients 50 have been found to generally experience less pain and stress. In addition, other diversion strategies can be utilized such as: 1) imagination--inattention: pleasant imagery compatible with feeling pain, such as imagining something very positive during dental treatment; 2) imaginative transformation of pain: reinterpreting pain into a sensation like numbness, something that is part of a LAMAZE "natural childbirth" training, in which women are encouraged to substitute "pressure" for pain; 3) imaginative transfer of context: reframing the pain in some other context so as to interpret the flow of negative thinking and facilitate the generation of coping strategies; 4) external attention--diversion: focusing on external aspects of the environment such as counting ceiling tiles; 5) internal attention--diversion: focusing attention on other self-generated thoughts, such as doing complex mathematical operations; and, 6) disassociation from pain: thinking that a painful part such an arm, belongs to someone else.

Detailed Description Text (198):
This model of behavioral contracting has been used in both verbal and written forms signed by the patient in various therapies and has been tested on a variety of behaviors as reported by I. L. Janis in Counseling on Personal Decisions, Theory, and Research on Short Term Helping Relationships, New Haven, Yale University Press (1982) and by V. C. Li, Y. J. Kim, and C. E. Ewart et al as reported in "Effects of Physician Counseling on the Smoking Behavior of Asbestos Workers, Preventive Medicine, 13: 462-476 (1973). Physicians' success in eliciting this commitment was shown to be closely related to patient compliance, as reported by Bertram Stoffelmayr, et al in "Facilitating Patient Participation: The Doctor-Patient Encounter," Primary Care, 16:1, 269-70 (1989). Therefore, the making of direct verbal statements in the form of commitments by the patient or employee is an important form of behavior modification for compliance.

Detailed Description Text (222):
Still, yet another embodiment is the application of the subject invention to the sequencing of temporally distributed outcomes or goals. Individuals consistently show a preference for proximal goals over distal goals. In the fields of motivation and self-regulation through behavior modification, the counselor, physician or employer 200 consistently attempts to orchestrate short and long-term goals of the individual or joint advantage of the client, patient, or employee 50. Often an individual's actions produce costs and benefits that endure over time. Often the problem of choosing between short and long-term goals creates ambivalence and becomes the central focus of an intervention. New research has shown that sequencing outcomes or goals in a manner in which values or goals increase is preferred by individuals and may be utilized for their motivation. The empirical results provided by these studies show that sequencing outcomes or goals in a manner which is consistent with individual preferences will, therefore, be useful for individual motivation. See: Lowenstein and Prelec, "Preference for Sequences of Outcomes," 1993, Psychological Review, Vol. 100, No. 1, pgs. 91-108.

Previous Doc Next Doc Go to Doc#